



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>	2	08/20/2018	NENE CHILD CARE CENTER	
Follow-Up	<input type="checkbox"/>		Time In/Out:	OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>		1:40 PM 4:00 PM	SORIANO, DORIS T.	
Investigation	<input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:	<input type="checkbox"/>	A	20000-180002153	MANGIAD	CCC/NURSERY
No. of Children: 20 Male 9 Female 29 Total			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
			Child Care License No.: 180183 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> / Provisional <input type="checkbox"/> / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED ON 05/15/2018, RESULTED IN A GRADE/RATING OF D/A. THE FOLLOWING WERE OBSERVED:		
29.	SEVEN (7) OOTHECAE (EGG CASINGS); ONE (1) VIABLE, SIX (6) WERE DRY OOTHECAE; OPENINGS AROUND PIPINGS OF TOILET AND HANDWASHING SINK WERE FOUND IN RESTROOM OF 2 YEAR OLD ROOM INDOOR AREAS SHALL BE ADEQUATELY PROTECTED AND MAINTAINED TO PREVENT INFESTATION. BASED ON OBSERVATIONS AND EVIDENCE, IT APPEARS THAT THERE IS AN ACTIVE COCKROACH INFESTATION IN THE RESTROOM OF THE 2 YEAR OLD ROOM OF THE ESTABLISHMENT. THE RESTROOM OF THAT AREA WILL BE VOLUNTARILY CLOSED OFF, PER OWNER. USE OF THE RESTROOM OF THAT AREA WILL BE CLEARED ONCE THE FOLLOWING HAVE BEEN MET: (1) WRITTEN DOCUMENTATION FROM THE ESTABLISHMENT'S PRIMARY PEST CONTROL COMPANY (PCC) REGARDING THE SERVICES PROVIDED, WHICH MUST INCLUDE, BUT	2	09/20/2018

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).	Received By (Name & Title): Joseph SORIANO	8/20
	DEH Inspector (Name & Title): V. RAYMUNDO, EPHOS 300-9510	

REASON		GRADE 2 RATING A	Inspection Date: 08/20/2018		ESTABLISHMENT NAME: NENE CHILD CARE CENTER	
Regular	✓		Time In/Out: 1:40PM 4:00PM		OWNER/OPERATOR: SORIANO, DORIS T.	
Follow-Up						
Complaint			Sanitary Permit No.: 20000-180002153		LOCATION:	Establishment Type:
Investigation					MANG-LAO	CCC/NURSERY
Other:				PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 20 Male 9 Female 29 Total			Child Care License: No.: 180003 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired			

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ITEM*	REMARKS	DEMERIT	CORRECT BY
	NOT LIMITED TO, THE FOLLOWING:		
	(A) NAME OF PESTICIDE USED;		
	(B) NUMBER OF BAITS, TRAPS, AND OTHER METHODS USED;		
	(C) LOCATION OF APPLICATION; AND		
	(D) OBSERVATIONS OF EACH SERVICE CONDUCTED.		
	(2) WRITTEN DOCUMENT ^{OR} CLEANING SCHEDULE FROM THE ESTABLISHMENT THAT INDICATES THE FOLLOWING:		
	(A) AREAS THAT WILL BE CLEANED AND SANITIZED;		
	(B) HOW IT WILL BE CLEANED AND SANITIZED; AND		
	(C) THE FREQUENCY OR HOW OFTEN IT WILL BE DONE.		
	(3) SEAL ALL OPENINGS OF THE AREA TO PREVENT ACCESSIBILITY OF PESTS;		
	(4) REMOVE OR PREVENT ANY ACCESS TO FOOD AND WATER BY PLACING THEM IN CONTAINERS FOR OTHER AREAS;		
	(5) PLACE ALL UTENSILS, NAPKINS, AND OTHER SUCH ITEMS IN CONTAINERS FOR OTHER AREAS; AND		
	(6) CLEAN AND SANITIZE ALL AREAS AFTER TREATMENT CONDUCTED.		

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):

V. RAYMUNDO, BRHO I 300-9570



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE 2	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		08/20/2018	NENE CHILD CARE CENTER	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			1:40pm 4:00pm	SORIANO, DORIS F.	
Investigation		RATING A	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:			20000-180002153	MANBILAO	CCC/NURSERY
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 20 Male 9 Female 29 Total			Child Care License No.: 180183 ✓ Valid / / Provisional / / Expired		

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[illegible]

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(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):

V. RAFAELINO BRITO 300-9570